

File Number:

AR _____



PLANNING, RESEARCH & DEVELOPMENT DEPARTMENT
HISTORIC PRESERVATION ADMINISTRATIVE REVIEW

Subject to all City Codes and Ordinances

PLEASE TYPE OR PRINT:

1. PROPERTY OWNER(S): _____
ADDRESS: _____ ZIP CODE: _____ PHONE: (____) _____
2. APPLICANT(S): _____
ADDRESS: _____ ZIP CODE: _____ PHONE: (____) _____
3. LEGAL DESCRIPTION: _____
4. PROPERTY IDENTIFICATION NUMBER: _____ PRESENT ZONING: _____
5. STREET ADDRESS OR LOCATION OF PROPERTY: _____
6. CITY REPRESENTATIVE DISTRICT #: _____ HISTORIC DISTRICT: _____
7. PROPOSED SCOPE OF WORK (Check all that apply):

<input type="checkbox"/> Landscaping	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Doors	<input type="checkbox"/> Swimming Pools	<input type="checkbox"/> Routine Maintenance
<input type="checkbox"/> Fencing	<input type="checkbox"/> Skylights	<input type="checkbox"/> Driveways & Walkways	<input type="checkbox"/> Windows	
<input type="checkbox"/> Security Grills	<input type="checkbox"/> Signs	<input type="checkbox"/> Parkways	<input type="checkbox"/> Color (with sample & photo)	
8. DETAILED DESCRIPTION OF PROPOSED WORK (Describe building materials to be used; design type; design elements, i.e. windows, doors, roof; proposed colors [submit sample]; etc. Attach additional page if necessary):

9. SIGNATURE(S) OF OWNER(S) OF RECORD FOR THE ABOVE DESCRIBED PROPERTY:
_____ Date: _____
10. SIGNATURE(S) OF REPRESENTATIVE(S) FOR THE ABOVE DESCRIBED PROPERTY:
_____ Date: _____
11. RECEIVED BY:
_____ Date: _____

Note: Recent, dated photographs of the subject property are required. A separate permit(s) through the Building Permits & Inspections Department may be required for this request and is subject to all City Codes and Ordinances.